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PTO/SB/81 (02-01)

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Application Number	
Filing Date	
First Named Inventor	Velimir Pletikosa
Title	Mobile Device Having a Protective
Group Art Unit	
Examiner Name	
Attorney Docket Number	5552550122 293

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☒ Practitioner(s) named below:

Name	Registration Number
Krishna K. Pathiyal, Esq.	44435
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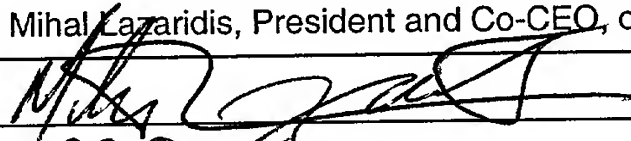
<input checked="" type="checkbox"/> Firm or Individual Name	David B. Cochran, Esq.				
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City	Cleveland	State	Ohio	Zip	44114
Country	USA				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Mihal Lazaridis, President and Co-CEO, on behalf of Research In Motion Limited
Signature	
Date	25 OCT 01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted. (Power of Attorney & Supplemental List of Agents)

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555255012293

MOBILE DEVICE HAVING A PROTECTIVE USER INTERFACE COVER

* SUPPLEMENTAL PAGE LISTING ADDITIONAL AGENTS OF RECORD

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 555255012293

First Named Inventor Velimir Pletikosa

COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MOBILE DEVICE HAVING A PROTECTIVE USER INTERFACE COVER

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	<input type="text"/>	OR <input checked="" type="checkbox"/>	Correspondence address below
David B. Cochran, Esq. Name					
Jones, Day, Reavis & Pogue Address North Point, 901 Lakeside Avenue					
Cleveland City		Ohio State		44114-1190 ZIP	
USA Country		(216) 586-7029 Telephone		(216) 579-0212 Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Velimir Given Name (first and middle [if any])			Pletikosa Family Name or Surname		
Velimir Pletikosa Inventor's Signature			OCT 23 RD 2001 Date		
Kitchener Residence: City		Ontario State	Canada Country	Canadian Citizenship	
295 Phillip Street Mailing Address					
Waterloo City		Ontario State	N2L 3W8 ZIP	Canada Country	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State	Country	Citizenship	
Mailing Address					
City		State	ZIP	Country	
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					